MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/					51						
2	/		/					52						
3		2			/			53						
4								54						
5								55						
6								56						
7								57						
8								58						
9								59						
10		2			/			60						
11								61						
12	/	2			/			62						
13	/		/					63						
14		/			/			64						
15		2			/			65						
16	/	2			/			66						
17	/	/	/					67						
18		/		/				68						
19	/		/					69						
20								70						
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44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.			5					TOTAL IND.						
TOTAL DEP.			M					TOTAL DEP.						
TOTAL CLAIMS			19					TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)